A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM THE UNIVERSITY OF CALIFORNIA AND VSP.

VSP Vision Care | UNIVERSITY OF CALIFORNIA

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

PREMIER PROGRAM

Visionworks

Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

USING YOUR BENEFIT IS EASY.

- Create an account on **vsp.com** to view your in-network coverage.
- Find the VSP network doctor who's right for you and discover savings with exclusive member extras. Visit **vsp.com** or call **866.240.8344**.
- At your appointment, tell them you have VSP. No ID card needed! If you'd like a card as reference, you can print one on **vsp.com**.

BYE-BYE BIFOCALS

Progressive lenses offer clear vision at all distances—without annoying image jumps.

UC Retirees

Enroll today.

Contact us: **866.240.8344** or **ucretirees.vspforme.com**

YOUR VSP VISION BENEFITS SUMMARY

For complete vision benefit information, you can review the VSP Evidence of Coverage booklet at the UC benefits website at ucnet.universityofcalifornia.edu or request a copy by calling VSP at 866.240.8344.

PROVIDER NETWORK:

VSP Advantage

EFFECTIVE DATE:

The first of the following month

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10	Every calendar year
PRESCRIPTION GLASSES		$25	See frame and lenses
FRAME	• $180 featured frame brands allowance • $160 frame allowance • 20% savings on the amount over your allowance • $90 Walmart®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Tints/Light-reactive lenses • Impact-resistant lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	$0 $0 $0 $55 $55	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $110 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year
VSP PRIMARY EYECARE PLAN℠	• Retinal screening for members with diabetes. • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. • Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	$0 $20 per exam	As needed
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
YOUR MONTHLY CONTRIBUTION	$11.12 Retiree only $21.03 Retiree + spouse $21.22 Retiree + child(ren) $25.98 Retiree + family		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam ..... up to $40	Lined Bifocal Lenses ..... up to $60	Contacts ..... up to $110
Frame ..... up to $45	Lined Trifocal Lenses ..... up to $80	Tints ..... up to $5
Single Vision Lenses ..... up to $40	Progressive Lenses ..... up to $80	

Coverage with a retail chain may be different or not apply. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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